

# TOWN OF SOUTHAMPTON

**Main Office**  
116 HAMPTON ROAD  
SOUTHAMPTON, NY 11968  
**Phone:** (631) 287-5740  
**Fax:** (631) 283-5606



**OFFICE OF TOWN CLERK**  
**SUNDY A. SCHERMEYER**

**Town Clerk Annex**  
**Phone:** (631) 723-2712  
**Fax:** (631) 723-3080  
**Website:**  
[www.southamptontownny.gov](http://www.southamptontownny.gov)

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## REQUIREMENTS FOR VEHICLE LICENSE: TRANSPORTATION FOR HIRE

Expires: December 31<sup>st</sup>-Midnight

**License Fee per vehicle:**      **\$75.00**  
Cash, check or money order payable to "Town of Southampton"

**Fees are non-refundable and due when the application is submitted.**  
**Renewal applications submitted after January 30<sup>th</sup> is subject to a mandatory \$25.00 late fee.**

**Applications Accepted:**      Monday – Friday 8:30 AM – 2:30 PM

**Location:**      Town Clerk's Office, 116 Hampton Road, Southampton

### **DOCUMENTS TO BE SUBMITTED WITH APPLICATION:**

- **TITLE**  
Copy of the current, valid title.
- **NEW YORK STATE VEHICLE REGISTRATION**  
Copy of the current valid registration.
- **NEW YORK STATE INSPECTION CERTIFICATE**  
Proof of a valid New York State Inspection certificate.
- **AUTO LIABILITY INSURANCE CERTIFICATE.**  
Must include the name, local address and telephone number of the insurance agent and the business owner's license number.

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## OFFICE OF TOWN CLERK SUNDY A. SCHERMEYER

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www.southamptontownny.gov

### For Office Use Only

License # : \_\_\_\_\_  
Date: \_\_\_\_\_  
Initials: \_\_\_\_\_

### 2011 APPLICATION FOR VEHICLE LICENSE: TRANSPORTATION FOR HIRE

All questions must be answered. Failure to properly complete the application in full may cause a delay in the issuance of your license. This application will expire 90 days from the date submitted if it is not completed in full.

**Name of Business Owner:** \_\_\_\_\_

**Name of Business:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Telephone No:** (\_\_\_\_\_) \_\_\_\_\_

#### VEHICLE INFORMATION:

**Name of Owner of Vehicle:** \_\_\_\_\_

**Address (Mailing and Legal):** \_\_\_\_\_

**Vehicle Registration #** \_\_\_\_\_ **Plate #:** \_\_\_\_\_

**Year** \_\_\_\_\_ **Model** \_\_\_\_\_ **Make** \_\_\_\_\_ **Seats** \_\_\_\_\_

I have answered the foregoing questions to the best of knowledge and belief and swear that said answers are true and accurate. The Insurance Company shall provide the Town of Southampton with 30 days prior written notice of cancellation and; name, local address and telephone number of the insurance agent. A false statement made herein is punishable as a class "A" misdemeanor pursuant to section 210.45 of the Penal Law of the State of New York.

\_\_\_\_\_  
**SIGNATURE OF APPLICANT/ DATE**

**Sworn to before me this** \_\_\_\_\_ **day of** \_\_\_\_\_, **20** \_\_\_\_\_

\_\_\_\_\_  
**Notary Public**

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- License Mailed \_\_\_\_\_ License Picked up \_\_\_\_\_